

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 04/09/2009  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>295066</b>		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  <b>10/03/2008</b>	
NAME OF PROVIDER OR SUPPLIER  <b>SILVER HILLS HEALTH CARE CTR</b>				STREET ADDRESS, CITY, STATE, ZIP CODE <b>3450 N. BUFFALO DRIVE LAS VEGAS, NV 89129</b>			
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F 000	<p><b>INITIAL COMMENTS</b></p> <p>This Statement of Deficiencies was generated as a result of the annual Medicare re-certification survey and a complaint investigation survey conducted at your facility on September 26, 2008 through October 3, 2008. The census at the time of the survey was 101. The sample size was 23 including 3 closed records.</p> <p>Complaint #NV18427 was substantiated with deficiencies (Tag 323) Complaint #NV18594 was substantiated without deficiencies Complaint #NV18101 was unsubstantiated Complaint #NV18854 was unsubstantiated</p> <p>The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws.</p> <p>The following regulatory deficiencies were identified:</p>			F 000			
F 176 SS=D	<p><b>483.10(n) SELF ADMINISTRATION OF DRUGS</b></p> <p>An individual resident may self-administer drugs if the interdisciplinary team, as defined by §483.20(d)(2)(ii), has determined that this practice is safe.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review, the facility failed to properly determine that a resident may self-administer medications for 1 of 21 sampled residents (#18).</p>			F 176			11/11/08

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 176	<p>Continued From page 1</p> <p>Findings include:</p> <p>Resident #18</p> <p>Resident #18 was an 87 year old male originally admitted on 5/27/08 and re-admitted on 9/27/08 with diagnoses including Bronchitis, Chronic Obstructive Pulmonary Disease, Throat Cancer, Coronary Artery Disease, and Asbestosis.</p> <p>Observation/Interview</p> <p>On 10/3/2008 in the morning, the Licensed Practical Nurse (LPN) opened the medication cart and pulled out Resident #18's Flovent inhaler. The LPN indicated that the resident was given the medication twice a day. The LPN and the surveyor entered Resident #18's room and the resident had an inhaler labeled Fluticasone (Flovent) 110 mcg (micrograms) on top of his bedside table. Resident #18 indicated he was using the inhaler 4 times a day. There was no locked container located in the resident's room to store the medication. The LPN was not aware that the resident had the inhaler at his bedside.</p> <p>On 10/3/2008 in the morning, the Assistant Director of Nursing (ADON) indicated Resident #18 was not assessed to self medicate himself.</p> <p>Policy Review</p> <p>The Pharmaceutical Service Manual Bedside Medications policy and procedure with a revised date of 4/05 documented:</p> <p>- "...Bedside storage of medications will be allowed only upon the specific order of the</p>	F 176			

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F 176	Continued From page 2 resident's physician..."	F 176			
	- "...1. Bedside storage of medications permitted only for those residents who have been evaluated and assessed by the Interdisciplinary team and are found to be safe in self-administration of medications..."				
	- "...When not in use or in a resident's personal possession, medications must be stored in a secure bedside storage area and must not present a risk to confused residents who might wander into the room of, or room with, residents who self administer..."				
	Record Review				
	Resident #18's Physician's Order form dated 9/27/2008 documented:				
	- "...Flovent 110 mcg 2 puffs BID (twice a day)..."				
	There was no documented evidence Resident #18 had a self administration of medications assessment completed and there was no physician's order to have the resident self medicate himself.				
F 279 SS=D	483.20(d), 483.20(k)(1) COMPREHENSIVE CARE PLANS	F 279			11/11/08
	A facility must use the results of the assessment to develop, review and revise the resident's comprehensive plan of care.				
	The facility must develop a comprehensive care plan for each resident that includes measurable objectives and timetables to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive				

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F 279	<p>Continued From page 3 assessment.</p> <p>The care plan must describe the services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required under §483.25; and any services that would otherwise be required under §483.25 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse treatment under §483.10(b)(4).</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review, policy review, and interview, the facility failed to ensure comprehensive care plans were generated for 1 of 21 residents (#8).</p> <p>Findings include:</p> <p>Resident #8</p> <p>Resident #8 was an 82 year-old male resident admitted to the facility on 8/7/08, with diagnoses including Chronic Back Pain, Spinal Stenosis-Lumbar, Diabetes Mellitus, Hypertension, Dehydration, Anorexia, Hyponatremia, Altered Mental Status, Acute Renal Failure, Rhabdomyolysis, and Degenerative Arthritis.</p> <p>Record Review The resident's initial History and Physical Examination indicated a reason for admission was due to, "General debility, weakness, and change in mental status." It was indicated in the examination documentation that the plan for the</p>	F 279			

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F 279	<p>Continued From page 4</p> <p>resident to address the resident's recent diagnoses of dehydration and anorexia was to obtain basic and comprehensive metabolic panels, check B-12, attention to the resident's apparent depression, administer multivitamins, obtain a dietary consultation, and begin Megace 400 mg (milligrams) b.i.d. (twice a day).</p> <p>Initial Nutrition Evaluation/Consultation dated 8/9/08, indicated a plan to, "...liberalized the diet as soon as medically feasible," 5-day calorie count, and Boost b.i.d.</p> <p>An addendum to the 8/9/08 note indicated, "...may anticipate urgent fluctuations."</p> <p>Since admission resident has experienced weight loss, however, documentation in nutrition notes, physician orders, and nurse's notes had supported the facility's attention to the resident's weight loss through various interventions.</p> <p>However, even though the resident has received much attention to his current poor nutritional health, there was no evidence an initial treatment plan was generated for his nutritional status upon admission. As noted above, the resident's admitting diagnoses included dehydration and anorexia.</p> <p>The initial/admission (14 day) Medicare assessment, produced a RAP (resident assessment protocol) for nutritional status. In the summary notes under nutritional RAP, it indicated the RAP triggered due to the resident's current mechanically altered diet and leaving 25% or more of his meals uneaten. The summary further indicated, "Refer to nutritional progress notes for current status. Proceed to care plan."</p>	F 279			

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F 279	Continued From page 5  There was no initial care plan/treatment plan that concentrated on nutrition and a plan to address the resident's current status.  As of 9/30/08 at the time of the survey, there was no evidence of documentation that a comprehensive assessment was completed for the resident concerning nutrition and the interventions addressing the needs of the resident's nutritional needs.  Interventions have been implemented without a documented plan.  Policy Review The facility's policy and procedure titled, "Covenant Care Clinical Practice Guidelines Weight Management Process," indicated that residents that have been identified to be at risk for weight variance have a routine assessment and care plan process implemented.  Summary: Assessments have been completed and interventions implemented, however there was no evidence of a care plan.	F 279			
F 309 SS=D	483.25 QUALITY OF CARE  Each resident must receive and the facility must provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, in accordance with the comprehensive assessment and plan of care.  This REQUIREMENT is not met as evidenced by:	F 309			11/11/08

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F 309	<p>Continued From page 6</p> <p>Based on observation, interview and document/record review, the facility failed to provide the necessary care and services in accordance with the comprehensive assessment and plan of care for 2 of 21 residents (#2, #10).</p> <p>Findings include:</p> <p>Resident #2</p> <p>Resident #2 was a 46 year old female with diagnoses to include, Seizure Disorder, Epilepsy, Hypothyroid, Mental Retardation, Gastrostomy Tube, high risk for Aspiration and Cerebral Palsy.</p> <p>Observation</p> <p>On 9/30/08, 10/1/08 and 10/2/08, in the morning and late afternoon, the resident was observed in bed with bilateral side rails up. The side rails were not equipped with pads.</p> <p>Interview</p> <p>On 10/2/08 the Assistant Director of Nurses (ADON) and Minimum Data Set (MDS) Coordinator indicated they were unable to locate documentation of a neurological (neuro) consult for Resident #2. The MDS Coordinator indicated consults are made by appointment. The residents are usually transported to the physician's office. Resident #2's neurological consult would have been conducted in the facility, due to her physical condition.</p> <p>On 10/3/08 in the morning, the Assistant Director of Nurses indicated Resident #2's bed should have had padded side rails due to diagnosis of seizure disorder.</p>	F 309			

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F 309	<p>Continued From page 7</p> <p>Document Review</p> <p>The "Seizure, Nursing Management of" indicated the following documentation:</p> <p>"PURPOSE- to prevent injury to the resident;" "EQUIPMENT- padded side rails and headboard;" and "PROCEDURE-6. Support resident and protect from injury by padding side rails and head of bed."</p> <p>Record Review</p> <p>The nurse's notes on 6/1/08 for the resident indicated, "0400 (4:00 AM) Valium 5 mg (milligrams) given IM (intramuscular) to r (right) anterior thigh due to seizure activity Will monitor condition."</p> <p>The nurse's notes on 6/2/08 indicated, "11 AM MD (medical doctor) with order for neuro consult."</p> <p>A Physician's Order dated 6/2/08, indicated an order for a neuro consult.</p> <p>There was no documented evidence in the resident's medical record that indicated she was seen by a neurologist.</p> <p>The facility failed to provide padded side rails as per facility policy and follow the physician's order for a neurology consult after the resident had a seizure.</p> <p>Resident #10</p> <p>Record Review</p>	F 309			



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F 309	Continued From page 8  Resident #10 is an 80 year old female with diagnoses to include Organic Delusional Disorder, Dementia, Hypertension, Cellulitis of the face, Parotiditis, Failure to Thrive, Gastrostomy Tube, History of Urinary Tract Infection, History of Pseudomonas Infection.  A physician's telephone order dated 8/6/08 at 1800 (6:00 PM) indicated, "CBC (complete blood count) CMP (complete metabolic Panel) in AM."  The results of the CBC dated 8/7/08, indicated the resident's, "Hemoglobin was 8.6; Red Blood Count was 2.75; Hematocrit was 25.3." Note: Values below normal limits.  On 8/7/08 at 1800 (6:00 PM) a physician's telephone order indicated to check stool for occult blood times two.  Interview  On 10/1/08, the Assistant Director of Nurses indicated stools for occult blood were done in the facility and the results were documented on the Medication Administration Record (MAR) and the nurses notes. She was unable to find documented evidence in the nurses notes or in the MAR that the stools for occult blood were done for the resident.	F 309			
F 323 SS=D	483.25(h) ACCIDENTS AND SUPERVISION  The facility must ensure that the resident environment remains as free of accident hazards as is possible; and each resident receives adequate supervision and assistance devices to prevent accidents.	F 323			11/11/08

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F 323	Continued From page 9  This REQUIREMENT is not met as evidenced by: Based on observation and interview, the facility failed to ensure that the residents' environment remains free from potential accident hazards.  Findings include:  Observation/Interview  On 9/26/08 in the morning, a tour of the facility was performed. Full sized wheelchairs were being stored in the bathrooms in Rooms #124, #200, and #204.  On 9/26/2008 in the morning, Resident #23 was in his wheelchair in his room. In Resident #23's bathroom was a walker and a wheelchair that was blocking the path to the toilet and sink. The Assistant Director of Nursing (ADON) indicated that Resident #23 was able to transfer himself.  On 9/26/2008 in the morning, the certified nurse assistant (CNA) indicated that Resident #22 could transfer from her wheelchair to the toilet with no assistance. The resident was sitting in her wheelchair located beside her bed. A wheelchair was being stored in Resident #22's bathroom.	F 323			
F 431 SS=D	483.60(b), (d), (e) PHARMACY SERVICES  The facility must employ or obtain the services of a licensed pharmacist who establishes a system of records of receipt and disposition of all controlled drugs in sufficient detail to enable an accurate reconciliation; and determines that drug records are in order and that an account of all	F 431			11/11/08

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F 431	<p>Continued From page 10</p> <p>controlled drugs is maintained and periodically reconciled.</p> <p>Drugs and biologicals used in the facility must be labeled in accordance with currently accepted professional principles, and include the appropriate accessory and cautionary instructions, and the expiration date when applicable.</p> <p>In accordance with State and Federal laws, the facility must store all drugs and biologicals in locked compartments under proper temperature controls, and permit only authorized personnel to have access to the keys.</p> <p>The facility must provide separately locked, permanently affixed compartments for storage of controlled drugs listed in Schedule II of the Comprehensive Drug Abuse Prevention and Control Act of 1976 and other drugs subject to abuse, except when the facility uses single unit package drug distribution systems in which the quantity stored is minimal and a missing dose can be readily detected.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation and interview, the facility failed to properly store narcotics and discard expired medications.</p> <p>Findings include:</p> <p>Observation</p> <p>During the inspection of the 100 Hall Medication</p>	F 431			

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F 431	Continued From page 11 Room, the narcotic lock box was not locked and contained 11 vials of Ativan 2 mg (milligrams)/1 ml (milliliters).  During an inspection of the 200 Hall Medication Room, 2 boxes of Acetaminophen Suppositories (expiration date 2/08) and 1 box of Phenergan Suppositories (expiration date 2/2008) were found.	F 431			